



Home- and Community-Based Services (HCBS) Intellectual Disability Waiver Priority Need Assessment – Statewide Waiting List

Name:	Date:
Social Security Number or State ID:	Date of Birth:

Emergency Need Criteria - Circle all that apply and provide detail on the next page:

1. The usual caregiver has died or is incapable to provide care, and no other caregivers are available to provide needed supports.
2. The applicant has lost primary residence or will be losing housing within 30 days and has no other housing options available.
3. The applicant is living in a homeless shelter and no alternative housing options are available.
4. There is founded abuse or neglect by a caregiver or others living within the home of the applicant and the applicant must move from the home.
5. The applicant cannot meet basic health and safety needs without immediate supports.

Total Emergency Criteria Circled _____

Urgent Need Criteria - Circle all that apply and provide detail on the next page:

1. The caregiver will need support within 60 days in order for the applicant to remain living in the current situation.
2. The caregiver is unable to continue to provide care within the next 60 days.
3. The primary caregiver is 55 years of age or older and has a chronic or long term physical or psychological condition that limits the ability to provide care.
4. The applicant is living in temporary housing and plans to move within 31-120 days.
5. The applicant is losing permanent housing and plans to move within 31-120 days.
6. The caregiver will be unable to be employed if services are not available.
7. There is a potential risk of abuse or neglect by caregiver or others within the home of the applicant.
8. The applicant has behaviors that put self at risk.
9. The applicant has behaviors that put others at risk.
10. The applicant is at risk of facility placement when needs could be met through community-based services.

Total Urgent Criteria Circled _____

